

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596897

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/					
9	2					
10	2		/			
11	2		/			
12	3		/			
13	3					
14	1					
15						
16						
17						
18						
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49						
50						
TOTAL IND.	14	↓	6	↓		↓
TOTAL DEP.	25	←	31	←		←
TOTAL CLAIMS	39		34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			18			